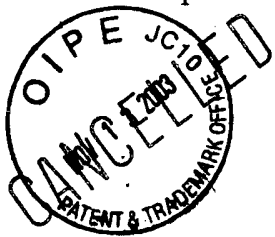


specific authorization, or credit any overpayment, to Deposit Account No. 50-1667.



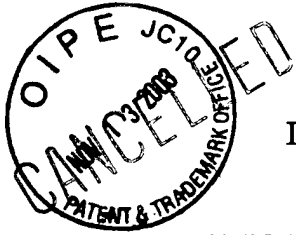
Respectfully submitted,

By: Michael Colitz III  
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Attorneys for Applicant(s)

**CERTIFICATE OF MAILING**

I HEREBY CERTIFY that the foregoing was placed in an envelope and mailed via U.S. Express Mail, postage prepaid to: U.S. Patent and Trademark Office, 2011 South Clark Place, Customer Window, Mail Stop Issue Fee, Crystal Plaza Two, Lobby, Room 1B03, Arlington, VA 22202 on this the 10<sup>th</sup> day of November, 2003.

Michael Colitz III  
Michael J. Colitz, III



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

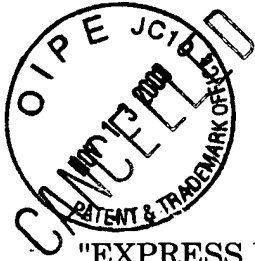
APPLICANT: S. Murad Sarp  
SERIAL NO.: 09/393,633  
FILING DATE: September 10, 1999  
FOR: Telephone Switching System with Data Integration  
GROUP ART UNIT: 2645  
EXAMINER: Escalante, Ovidio  
ATTY DOCKET NO.: 036470.00008

LETTER TO THE OFFICIAL DRAFTSMAN

Sir:

In response to the objections to the drawings noted by the Examiner in the above identified application enclosed herewith for filing are drawings Figs. 1-8 (three (3) sets of nine (9) pages).

The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without



EXPRESS MAIL CERTIFICATE

"EXPRESS MAIL" MAILING LABEL NUMBER: ER337230566

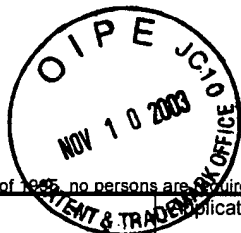
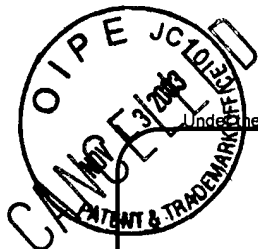
DATE OF DEPOSIT: 11/10/03

File No. 2005654-2053

I HEREBY CERTIFY that the Part (B) Fee(s) Transmittal PTOL-85; Transmittal Form; Fee Transmittal; Check No. 080802 in the amount of \$1330.00; Letter to Official Draftsman; Nine (9) pages of formal drawings (Figs. 1-8); Change of Correspondence Address; and return receipt postcard are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated and is addressed to the U.S. Patent and Trademark Office, 2011 South Clark Place, Customer Window, Mail Stop Issue Fee, Crystal Plaza Two, Lobby, Room 1B03, Arlington, VA 22202.

The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment, to Deposit Account No. 50-1667.

  
Michael J. Colitz, III



PTO/SB/21 (08-03)  
Approved for use through 08/30/2003. OMB 0651-0031  
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/393,633
Filing Date	09/10/1999
First Named Inventor	S. Murad Sarp
Art Unit	2645
Examiner Name	Escalante, Ovidio
Attorney Docket Number	2005654-2053
Total Number of Pages in This Submission	33

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Letter to Official Draftsman; Postcard; Express Mail Certificate
<div>Remarks</div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael J. Colitz, III		
Signature			
Date	11/10/03		

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Michael J. Colitz, III		
Signature		Date	11/10/03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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